



**Internal Revenue Service  
Taxpayer Advocate Service  
550 Main Street  
Cincinnati, OH 45202**

**AUTHORIZATION /DISCLOSURE FORM**

**Congress Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_  
**Office Contact Person:** \_\_\_\_\_

**Taxpayer Name(s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Telephone Number:** Home \_\_\_\_\_ Work \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Employer Identification Number:** \_\_\_\_\_

**Type of Tax (e.g., 1040, 1120, etc.):** \_\_\_\_\_

**Year(s) of Tax:** \_\_\_\_\_

**Description of Problem and Requested Action:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under the Authority of the Internal Revenue Code 6102(c), I, the undersigned, authorize the above named individual or his/her staff to investigate and receive information pertaining to the matter described above.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

**Please return this completed form and any other relevant information to:**

Representative Mary Jo Kilroy, 1299 Olentangy River Road, Suite 200, Columbus, Oh 43212  
Phone: (614) 294-2196 Fax: (614) 294-2384